



# British Veterinary Hospitals Association



*Promoting Excellence in Veterinary Practice*

## MEMBERSHIP APPLICATION FORM

**Surname:**

Title:

Forename:

Initials:

Qualifications:

**Practice Name:**

Practice Address:

Post Code:

Tel:

Email:

Fax:

Web:

**Membership Type:** ( Delete as appropriate) Hospital  
Associate  
Retired  
Starter Pack (Associate)

**Practice Partners:** (For mailings to all partners in veterinary practices, or directors of incorporated practices)

Surname:

Title:

Forename:

Initials:

Qualifications:

Surname:

Title:

Forename:

Initials:

Qualifications:

Surname:

Title:

Forename:

Initials:

Qualifications:

Please continue overleaf if necessary.....

Return with remittance (for this year's subscription) and Direct Debit mandate (for future years' subscriptions) to the BVHA Office at the address below.



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